



Delaware Cool Switch Low Impact Refrigerant Program Grant Application

Division of Climate, Coastal, and Energy
100 West Water Street, Suite 10B, Dover, DE 19904 Phone: (302) 735 - 3480

Applicant Information

Name of Company:

Site Address:

City: State: Zip Code:

Mailing Address:

City: State: Zip Code:

Name of Contact Person:

Email: Day time Phone #:

Organization Type:

☐ Corporation ☐ Partnership ☐ Individual/Sole Proprietor ☐ Tax Exempt Non-profit

Contractor Information (if applicable)

Name/Company: DE Business License #:

Trade Specific License and/or Certification #:

Mailing Address:

City: State: Zip Code:

Name of Contact Person:

Email: Day time Phone #:

Grant payments are typically processed to the applicant. The applicants signature below agrees to transfer the grant payment to the above-named company or individual. I hereby certify that I understand that I will not receive the grant payment for this project:

Applicant Signature: **Date:**

Installer Information (if applicable)

Name/Company: DE Business License #:

Trade Specific License and/or Certification #:

Mailing Address:

City: State: Zip Code:

Name of Contact Person:

Email: Day time Phone #:

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Applicant Signature: **Date:**

Vendor Information (if applicable)

Name/Company: DE Business License #:

Trade Specific License and/or Certification #:

Mailing Address:

City: State: Zip Code:

Name of Contact Person:

Email: Day time Phone #:

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Applicant Signature: **Date:**

Project Information

Baseline (for Existing System Retrofit pathway only)

Existing Refrigerant:

System Charge: System Pressure:

System annual leak rate (based on 3 years of system maintenance or refrigerant purchase records):

Retrofit/Replacement System or New System Estimate

Equipment Costs: Installation Costs:

Replacement/New Refrigerant: Cooling capacity (MBTU/hr):

System Charge: System Pressure:

Forecast annual leak rate (based on engineering estimates):

Expected system remaining or useful life: